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## CALIFORNIA LIQUID WASTE HAULER RECORI

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STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH SFUND RECORDS CTR HAULER OF WASTE (Must be filled by hauler) PRODUCER OF WASTE (Must be filled by producer) 999000651 ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 P.O. or Contract No.: 17 State Liquid Waste Hauler's Registration No. (if applicable) No. of Loads or Trips: Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling barrels, [ flatbed, [ other Vehicle: vacuum truck wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by disposer) 3. Pesticides 13. Latex waste 8. Tank bottom sediment 2425 So. Garrield Ava. 9. 🗆 Oil 14. Mud and water Name (print or type): \_ 4. Paint sludge Monterey Park, Calif. 91754 10. Drilling mud 15. 🔲 Brine 5. Solvent Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO. Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): organics (list), cyanide) Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading landfill injection well Other (specify): \_\_ CODE NO If waste is held for disposal elsewhere specify final location: Disposal Date: \_\_ Hazardous Properties of Waste: certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ toxic ☐ flammable ☐ corrosive explosive barrels other. Bulk Volume:\_\_ (42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons Containers: Other. ☐ solid Physical State: Special Handling Instructions (if any): \_ The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauter (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct. D.O.T. Proper Shipping Name SIGNATURE OF AUTHORIZED AGENT AND TITLE